



Nebraska Lions Foundation Children's Hearing Aid Application

I. PERSONAL INFORMATION:

Child: ☐ Male ☐ Female (Check One)

Last Name First Name Middle Name

Social Security Birth Date/Age Phone Number

Parent(s)/Guardian:

Last Name Father First Name Mother First Name

Street Address Apartment Number

City State Zip

II. INCOME INFORMATION:

A. Monthly Family Income \$ _____
(Wages, Social Security, Benefits, Interest)

B. Current Savings Amount \$ _____
(Explain if you have 401K, Keogh or IRA accounts)

C. Check if you receive income from any of these sources:

☐ Social Security (SSI or SSDI) ☐ Alimony or Child Support

☐ Welfare Benefits (ADC or Unemployment) ☐ Interest

D. Will your monthly income (above) change in the next months?

☐ Yes ☐ No If yes, will it ☐ Increase or ☐ Decrease?

III. FAMILY INFORMATION:

A. Number of Dependents _____ List ages _____

B. Childs Audiologist & Phone _____

C. Childs Primary Physician _____

D. Who Referred You to this Program? _____

NOTE: The Hearing Committee Only Meets Four (4) Times Yearly

Date Acted on by LIONS Hearing Committee _____

IV. EXPENSE INFORMATION (MONTHLY):

\$	Rent/House Payment per Month
\$	Utilities per Month
\$	Child Care
\$	Medical

A. Have you applied for any financial assistance from any other Agencies or Providers? ☐ Yes ☐ No If yes, list names and outcome.

B. Medically Handicapped Children's Program (MHCP) ☐ Yes ☐ No

C. Nebraska Medicaid Program ☐ Yes ☐ No

D. Nebraska Kids Connection ☐ Yes ☐ No

E. Please list any other information you feel would be helpful to your financial situation so we can make a better decision about your eligibility.

Please Return this Application to:

Nebraska Commission for the Deaf and Hard of Hearing
1313 Farnam-on-the-Mall 3FL
Omaha, NE 68102-1836

V. LIONS Club Submitted:

To:	Date:
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On-line Application:

http://www.ncdhh.ne.gov/applications/lhab_child_app.pdf